DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CABINET GORGE POWER STATION
ADDRESS: 10 MI E OF CLARK FORK/HWY 200

CLARK FORK, ID 83811

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 99220-3727

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	_ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	210	****			Monthly	GRAB
0310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
DH	SAMPLE MEASUREMENT	*****	*****	****	6.7	****	7.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.0034	.0034		*****	3	3			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	4900	*****			Monthly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	*****	2	****			Monthly	GRAB
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2			Monthly	GRAB
1648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	nt and all attachments were prepar ined to assure that qualified person	nnel properly gather and					TEL	EPHONE	DATE

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

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LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

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PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	RING PERIOD						
MONITO MM/DD/YYYY	RING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.000134	****		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.29	.29			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	100	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	99.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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External Outfall

No Discharge

SAMPLE MEASUREMENT	VALUE	VALUE	UNITS	VALUE	3/41/15			T ex l	NO. FREQUENCY FY OF ANALYSIS	
		1		VALUE	VALUE	VALUE	UNITS	5^	OF ANALISIS	TYPE
	0	0		*****	0	0			Monthly	GRAB
PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
SAMPLE MEASUREMENT	****	****	*****	*****	215	****			Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
SAMPLE MEASUREMENT	*****	****	*****	7.3	****	7.6			Weekly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekly	GRAB
SAMPLE MEASUREMENT	.0056	.0056		****	7	7			Monthly	GRAB
PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
SAMPLE MEASUREMENT	****	****	*****	*****	5250	****			Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
SAMPLE MEASUREMENT	****	****	*****	*****	2	****			Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****	2	2			Monthly	GRAB
PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT	PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT	PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT ****** ****** PERMIT ****** PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE ****** ****** ****** PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT ****** ****** ****** ****** PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT ****** ****** ******* ******* ******	MEASUREMENT ******** ******* ******* *******	MEASUREMENT ******* ******* ******* ******* ******* ******* ******* ******* ******* ******* ******* 7.3 ******* <t< td=""><td> PERMIT REQLIREMENT REQ. Mon. MO AVG </td><td> PERMIT REQUIREMENT Req. Mon. MO AVG REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MO AVG MO AVG MEASUREMENT MO AVG MO</td><td> PERMIT REQUIREMENT </td><td> PERMIT REQUIREMENT </td><td> PERMIT REQUIREMENT Req. Mon. MO AVG Monthly </td></t<>	PERMIT REQLIREMENT REQ. Mon. MO AVG	PERMIT REQUIREMENT Req. Mon. MO AVG REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MO AVG MO AVG MEASUREMENT MO AVG MO	PERMIT REQUIREMENT	PERMIT REQUIREMENT	PERMIT REQUIREMENT Req. Mon. MO AVG Monthly

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CLARK FORK, ID 83811

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	RING PERIOD						
MONITO MM/DD/YYYY	RING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

99220-3727

MINOR (SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	FREQUENCY OF ANALYSIS Continuous Continuous Weekly Weekly Monthly Monthly Monthly	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.000096	****		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.29	.29			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	100	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	99.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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MONITORING PERIOD							
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MM/DD/YYYY	MM/DD/YYYY						

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TO THE CLARK FORK RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0068	.0068		*****	9	9			Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	250	*****			Monthly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
DH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.0173	.0173		*****	23	23			Three Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5033	*****			Three Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	****			Monthly	GRAB
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	50	50			Monthly	GRAB
31648 1 0	PERMIT	****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

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LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONITO	PRING PERIOD
MM/DD/YYYY	PRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

99220-3727

MINOR (SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00009	****		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.2	.2			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	96.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	99.5	*****	*****			Three Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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		QUA	ANTITY OR LOADING	;		QUALITY OR CONG	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0	PERMIT	*****	*****	*****	****	126	406	#/100mL		Monthly	GRAB

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CABINET GORGE POWER STATION
ADDRESS: 10 MI E OF CLARK FORK/HWY 200

CLARK FORK, ID 83811

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 99220-3727

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CONG	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE (penalty of law that this documer accordance with a system design	nt and all attachments were prepar		1			1	TELI	EPHONE T	DATE

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CABINET GORGE POWER STATION
ADDRESS: 10 MI E OF CLARK FORK/HWY 200

CLARK FORK, ID 83811

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01) TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	UNITS EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY